



Eastport, Maine 04631

## **Demolition Permit Application**

Demolition of a building means removal of the structure and restoration of established grade in a manner which will prevent the accumulation of stormwater without diverting it to adjacent properties. The demolition process requires the disconnection of all utilities prior to the permit being issued.

The undersigned applies to The City of Eastport for a Demolition Permit for the proposed work described herein. The applicant hereby certifies that all information contained in this application and any attachments are true and correct.

*Asbestos Abatement: A permit to demolish or remove the structure shall not be issued until the owner or agent notifies the enforcing agency that all friable asbestos or asbestos-containing material that will become friable during demolition or removal has been or will be properly abated prior to demolition.*

A sewer cap off and cleanout verification inspection is required. Contact the CEO to 853-4300 to schedule the inspection.

**Contact Public Works for possible drainage lines (Public Works Initials/Date) \_\_\_\_\_**

**Contact PWD for water lines (PWD Initials/Date) \_\_\_\_\_**

**Contact Sewage Department for sewage lines, if connected to public sewage (SD Initials) \_\_\_\_\_**

**The permit will not be issued until**  
**Public Works and Passamaquoddy Water (PWD) have signed off.**

### **1. Applicant Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

### **2. Owner Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

### **3. Property Information:**

Street Address: \_\_\_\_\_  
Tax Map Nbr: \_\_\_\_\_ Zoning District: \_\_\_\_\_  
Existing Property Use: \_\_\_\_\_

4. **Description of Proposed Demolition Work:** \_\_\_\_\_

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5. **Describe safety measures that will be in used to protect public safety during work:**

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6. **Does the structure to be demolished contain any friable asbestos?** \_\_\_\_\_

7. **Have property taxes paid in full?** \_\_\_\_\_

8. **Is the proposed project located within the Shoreland Zone:** \_\_\_\_\_

9. **Does project require review by Planning, Zoning, or Historic Board?** \_\_\_\_\_

Property owner or agent signature: \_\_\_\_\_ Date: \_\_\_\_\_